

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Michael Kwiecien
Serial No. : 10/798,496
Filed : March 11, 2004
Title : SHAVING SYSTEMS

Art Unit : 3724
Examiner : Unknown

MAIL STOP AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

INFORMATION DISCLOSURE STATEMENT

Applicants request consideration of the references listed on the attached PTO-1449 form. Under 37 C.F.R. § 1.98 (a)(2)(ii), only copies of foreign patent documents and/or non-patent literature are enclosed. Copies of any listed U.S. patents or U.S. patent application publications can be provided upon request.

This statement is being filed before the receipt of a first Office Action on the merits. Please apply any charges or credits to Deposit Account No. 06-1050.

Respectfully submitted,


Robert C. Nabinger
Reg. No. 33,431

Date: April 7, 2005

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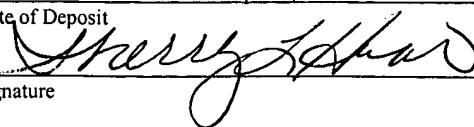
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April 7, 2005

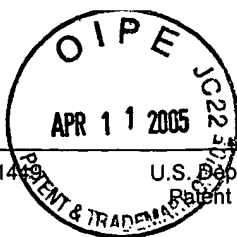
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| Substitute Form PTO-1449 (Modified) Information Disclosure Statement by Applicant (Use several sheets if necessary) (37 CFR §1.98(b)) | U.S. Department of Commerce Patent and Trademark Office | Attorney's Docket No. 00216-618001 | Application No. 10/798,496 |
| | Applicant Michael Kwiecien | | |
| | Filing Date March 11, 2004 | Group Art Unit 3724 | |

U.S. Patent Documents

| Examiner Initial | Desig. ID | Document Number | Publication Date | Patentee | Class | Subclass | Filing Date If Appropriate |
|------------------|-----------|-----------------|------------------|----------|-------|----------|----------------------------|
| | AA | | | | | | |
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Foreign Patent Documents or Published Foreign Patent Applications

| Examiner Initial | Desig. ID | Document Number | Publication Date | Country or Patent Office | Class | Subclass | Translation | |
|------------------|-----------|-------------------|------------------|--------------------------|-------|----------|-------------|----|
| | | | | | | | Yes | No |
| | AL | WO 2005/018884 A2 | 03/03/05 | PCT | | | | |
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Other Documents (include Author, Title, Date, and Place of Publication)

| Examiner Initial | Desig. ID | Document |
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| Examiner Signature | Date Considered |
| EXAMINER: Initials citation considered. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. | |